

Open access for the *JRSM*

This is an historic issue of the *JRSM*. All material in the research and the original articles sections on our website, www.jrsm.org, can be read for free—from this issue onwards and also back issues online. In addition, all other articles will be free to access 3 years after their publication date—an agreement with PubMed Central that creates a back archive of The Royal Society of Medicine's flagship publication that, by early 2007, will reach back to 1809. I believe this to be an important decision by The Royal Society of Medicine, and it is certainly a moment to celebrate for the *JRSM*.

Many of you will be aware of the open access debate that has been raging among authors, readers, and publishers of medical journals. Definitions of open access vary but range from one extreme of all journal content being freely available over the internet—and all authors and publishers waiving copyright—to the other extreme of journals still charging for content but allowing authors to post articles on institutional websites.

While many advocates of open access find anything less than full open access repulsive, there is an emerging consensus that for any journal to legitimately claim to be an open access publication the original research articles should be freely available on the journal's website from the moment of publication. This is exactly what the *JRSM* will now be doing.

Why this matters, of course, is a topic of great controversy. You might think of it as a battle between the values of society and the financial considerations of publishers. Research, argues society, is the property of the public. Indeed, it is a public good, in which society has invested taxpayers' money as a funder of research, invested time through participation in that research, and invested its future in the benefits that research can deliver. Hence, all research should be published quickly and be available for free.

We beg to differ, say publishers, that is all well and good—and these are values we believe in too—but the

harsh economic reality is that unless we charge for our premium content we shall be unable to publish the very journals that communicate those important research findings to the world. That would not be in the public interest and many journals are barely profitable, if at all. This is particularly true for smaller, monthly journals that do not generate revenue from display advertising, classified advertising, or reprints but rely only on subscriptions.

What this means for the *JRSM* is that we will make research articles free on www.jrsm.org from this point forwards and backwards. This column, one other selected article from the current issue, and articles older than three years will also be free to access online. The remainder of the content will be behind access controls. Our ambition is that this initiative will allow the *JRSM* to champion the best principles of science while ensuring that we can derive enough revenue to safeguard the journal's future.

Importantly, the work of *JRSM* authors will suddenly be open to the whole world and will help us attract even higher quality articles for the benefit of readers. The complexities of this debate are thrashed out by Sara Schroter and colleagues who study the views of authors about open access [p 141], Jeffrey Aronson who remains highly sceptical about how the world of open access can be funded [p 103], and Richard Smith who begins a series of extracts from his forthcoming book on the trouble with medical journals [p 115].

Finally, in another first for *JRSM*, this month's research paper by Brent Caldwell and others is a fast track publication—published just over 6 weeks after it was submitted [p 132]. It demonstrates a link between celecoxib and myocardial infarction, a message that underlines the importance of open access to research findings.

Kamran Abbasi

Editor, *JRSM*

[kamran.abbasi@rsm.ac.uk]

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